

INCAPACITATION PAYROLL REQUEST

(Office Symbol/Unit)

(Date)

MEMORANDMUM FOR Office of the Adjutant General, ATTN: CAMP-MSB

SUBJECT: Request Approval of Incapacitation Pay for:

NAME _____ SSN _____ RANK _____

1. Request Incapacitation Pay for the above soldier be approved from _____
to _____ for lost civilian income and/or lost drill time based on an
injury/disease incurred in the line of duty on _____. Drill periods soldier
missed: _____.

_____. **If Soldier attended training during disability period, indicate dates
attended:** _____.

2. Soldier's MOS/SSI, to include title, at the time of injury or onset of disease _____
_____. Soldier's PEBD _____
ETS/MRD _____.

3. Soldier's civilian occupation and employment status: (if soldier is not working write
UNEMPLOYED) (If soldier is a student complete 3.b.)

a. Occupation and Description of Duties: _____
_____.

b. Is soldier attending school? Full-Time ___ Part-Time ___ No. of Units _____.
(Please provide school name, address and phone no.) _____
_____.

4. Soldier returned to full military duty on _____.

5. Soldier resumed his/her civilian employment on _____.

6. As the commander:

I certify this soldier has not attended drills or military training, unless indicated above;

I certify this soldier has claimed all income;

I certify this soldier was, or is still disabled for period incapacitation pay requested.

Encls

CA ARNG Form 37-2H

CA ARNG Form, 37-2E or 2F

Check Stubs (for this period)

CA ARNG Form 40-6-1 & -2

DA Form 5960 & Rental

Agreement/Mortgage Statement

CA ARNG Form 37-D

Commander's Signature

Commander's Typed/Printed Name

Rank, Branch, Title Commanding